

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Lucas for CongressMailing Address Steve Cauthen, Treasurer
P.O. Box 175765

City Covington State KY Zip Code 41017

Purpose of Disbursement
contri. (4th C.D., KY)

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: BD9CAD47204DA484892D

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Madrid for CongressMailing Address 200 Oak Street
Suite 4

City Albuquerque State NM Zip Code 87106

Purpose of Disbursement
contri. (01 C.D. N.M.)

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B3048274ACB074A9D850

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Mary Jo Kilroy for CongressMailing Address 929 Harrison Avenue
Suite 305

City Columbus State OH Zip Code 43215

Purpose of Disbursement
contri. (15th C.D., OH)

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B99699728E49F4A219DF

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)